Attachments

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<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	278019
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

itate	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
LA	Vernon	0000	0	0	0	0.0	0.0	0.0	Yes
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Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0			

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 278019

County/State: Vernon, LA

Total Award Amount: \$141,966.00

Project Description

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Mobility			FCC Form Approved by OMB
	§54.1009 Annual Reporting lection Form		OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
	Study Area Code	278020	
<015>	Study Area Name	Central Louisiana Cellular, LLC	_
<020>	Program Year	2018	Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 292018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
4 S. W. Service			
<040>	Has the information required pursuant to §54.1009		
	<041> Attach a description of the documents file	d with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the For	rm 481 reporting	<042>
<080>	<u>Tribal Lands Reporting (y/n?)</u> (Does this study area cover	r tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carı	fer Contact Form		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	278020	
<015>	Study Area Name	Central Louisiana Cellular, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding th		
<035> <039>	Contact Telephone Number - Number of person identifie Contact Email Address - Email Address of person identifie	di- d-t- li 1020	
	Carrier / Mobility Fund Phase 1 Winning Bidder	d in data line <u3u> cstrausbaugh@cellonenation.com</u3u>	
<110>	FCC Registration Number	20165583	
<111>	Filing Carrier Name	Central Louisiana Cellular, LLC	
<112>	· · · · · · · · · · · · · · · · · · ·	Central Louisiana Cellular, LLC	
<113>		900 West Valley Road, Suite 600	
<114>	•	Wayne	
<115>	-	PA	
<116>			
<117>	Telephone Number	19087	
<118>	Fax Number	6105356474 ext.	
<119>	Email Address	6106885209	
11137		cstrausbaugh@cellonenation.com	
<120> <121> <122> <121> <122> <123> <124> <125> <126> <126> <127> <128>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number	Chad Strausbaugh Central Louisiana Cellular, LLC 2000 West Valley Road, Suite 600 Nayne PA 19087 5105356474 ext. 6106885209 Estrausbaugh@cellonenation.com	
	d Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix)		
	Name (First, MI, Last, Suffix)		
<131>	· ·		
<132>	Street Address (or PO Box)		
<133>	City		
<134>	State		-
<135>	Zip-Code		
<136>	Telephone Number		
<137>	Fax Number		
<138>	Email Address		

(060) Coverage and Performance Report Ap proved by OMB OMB Control No. 3060-11 Page 3 of 8	85.

<010>	Study Area Code	278020		
<015>	Study Area Name	Central Louisiana Cellular, LLC		
<020>	Program Year	2018		
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh		
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com		
<140>	Coverage and Performance Report Year 08/2017 - 07/2018			

State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance is uploaded (Yes/no)
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	•			bee attach	CU WOIKS	ileet			
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	Parcenta	age of Total	0		Percentage	of Total	0		
		Reached by			Road Miles o				

by Service

Service

<010>	Study Area Code	278020
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)				
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Cent	ral Louisiana Cellular,	LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2018	
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	278020	Filing Due Date for this form: 07/02/2018		
Persons willfully making false statemen	•	by fine or forfeiture under the Communications Act of 1934, 47 tel 18 of the United States Code, 18 U.S.C. § 1001.	U.S.C. §§ 502, 503(b), or fine or imprisonment	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to auth	orize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the	reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the re	orts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authoria data provided by the reporting carrier; and, to the best of m	submit the certification on behalf of the reporting carrier; I have provided the data reported herein based o ledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agen	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can	shed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

80) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		278020	
<015>	Study Area Name		Central Louisiana Cellular,	LLC
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding t	his data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie			<u> </u>
<039>	Contact Email Address - Email Address of person identifi	ed in data line	<030> cstrausbaugh@cellonenation.c	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attache	d Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, Neach of these boxes to confirm the status described on t PDF, on line 145, demonstrates coordination with the Trigovernment pursuant to § 54.1004 includes:	he attached	ble) for	
<146>	Needs assessment and deployment planning with a focu	us on Tribal	Select (Yes, No, Not Applicable)	
~1 <i>1</i> 17×	•			
<147>	Feasibility and sustainability planning;			
148>	Marketing services in a culturally sensitive manner;			
(149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
:151>	Compliance with Facilities Siting rules			
152>	Compliance with Environmental Review processes		———	
153>	Compliance with Cultural Preservation review processes			

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	t Update Information	FCC Form 690
		Approved by OM8
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	278020
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	236334.00
<203>	Total Mobility Fund Support Disbursed	208635.66
<210>	Actual Completion Date	08/06/2015
<211>	Project Status Description (attached)	278020_PSD_LA.pdf
\211>	Troject Status Description (attached)	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	√
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	/
<218>	Network will Support 3G/4G Mobile Service ?) 3G

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(101) Certification - Reporting Carrier FCC Form 690 Approved by OMB OMB Control No. 3060-1185		
Approved by OMB		
Approved by OMB	1/401\Codification Constine Contes	CFCOA
Approved by OMB	MIDIT CELUICARORI - REDUCINE CATTEL	a rorm ogu –
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OMB Control No. 3060-1185		
OMB Control No. 3060-1185		
Civil Cultural III. 3000 1103	Π	MR Control No. 4060-1185 1
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Page 7 of 8	T Programme T	186 (O! 9

<010>	Study Area Code	278020
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Central Louisia	na Cellular, LLC			
Signature of Authorized Officer: CERTIFIE	OONLINE		Date 06	/28/2018
Printed name of Authorized Officer: Chad Str	ausbaugh			
Fitle or position of Authorized Officer:	Counsel			
Felephone number of Authorized Officer: 6105	356474 ext.			
Study Area Code of Reporting Carrier: 2	78020	Filing Due Date for this form:	07/02/2018	

Page 8 of 8

<010>	Study Area Code	278020
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstraushaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carri also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	rized to File for Mobility Fund Recipients on Behalf of R	eporting Carrier
	orized to submit the reports for Mobility Fund recipients on beha carrier; and, to the best of my knowledge, the information repor	
lame of Reporting Carrier:		
lame of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
lame of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agent		
elephone number of Authorized Agent or Employee of Ag	ent:	
erepriorie name or or right of Employee or rig		

Attachments

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	7.	70	44	16	9	550	Σ.	7	24)	92	•	3	10	2		36	4	16	7	0	70	Ź.	12		27	7%	11	Ž.	7.		d	17.	60.	10	10	7

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FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	278020
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
LA	Vernon	0000	0	0	0	0.0	0.0	0.0	Yes
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Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0			

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 278020

County/State: Vernon, LA

Total Award Amount: \$236,334.00

Project Description

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

1			FCC Form
Mobility	Fund		Approved by OMB
Phase 1	- §54.1009 Annual Reporting		OMB 3060-1185
1	llection Form		Avg. Burden Estimate per Respondent: 18 Hours
	Study Area Code	278021	
<015>	Study Area Name	Central Louisiana Cellular, LLC	Accepted / Filed
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 292018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commussion Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		N) <040>
	·		
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area coverage)	er tribal lands? Yes or No)	0.0
-000	The state of the s		\cup \bullet

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

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(050) Car	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		278021	
<015>	Study Area Name		Central Louisiana Cellular, LLC	
<020>	Program Year		2018	
<030> <035>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<039>	Contact Telephone Number - Number of person iden Contact Email Address - Email Address of person iden	ntified in data line <030>	6105356474 ext.	
- 10332	Contact Email Address - Email Address of person ider	nuned in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	20165583		
<111>	Filing Carrier Name	Central Louisiana	Cellular LLC	
<112>	Winning Bidder Carrier Name			
<113>	Street Address (or PO Box)	Central Louisiana		
<114>	City	900 West Valley Ro	ad, Suite 600	
<115>	State	Wayne		
		PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		-
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellor	menation.com	
<120> <121> <122> <122> <123> <124> <125> <126> <127> <126> <127> <128>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Chad Strausbaugh Central Louisiana C 900 West Valley Roa Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cellone	d Suite 600	
Authorized	d Agent Information if no agent, indicate in this box]		
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>				
	Fax Number			
<138>	Email Address			

(060) Coverage and Performance Report Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8

<010>	Study Area Code	278021
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

278021_CPRd_LA.zip	
*	
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Coverage and Performace attachments

					<u> </u>				
		1	Resident Population per	Resident Population Newly Reached	Population	Road Miles per Census	Road Miles per Census Block Newly	Total Road Miles covered per Census	Certify that Coverage an Performanc is uploaded (Yes/no)
State	County			by Service	Service	Block	Reached	Block	
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Percentage of Total
Population Reached by
Service
Percentage of Total
Road Miles covered
by Service

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	278021
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	er unication of officer of En	ployee as to Compliance with 47 CFR §54.1009(a)(4)
l certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LL	3
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/28/2018
Printed name of Authorized Officer:	Chad Strausbaugh	
Title or position of Authorized Officer:	Staff Counsel	
Telephone number of Authorized Officer:	6105356474 ext.	
Study Area Code of Reporting Carrier:	278021	Filing Due Date for this form: 07/02/2018

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting ing carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports a	ing carrier, my responsibilities include ensuring compliance with 47 CFR 934,1005(a)(4) reported to the data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	hed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authoriz data provided by the reporting carrier; and, to the best of m	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	- And Andrews -
Name of Authorized Agent Firm:	
ignature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

080) Trib	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		278021	
<015>	Study Area Name		Central Louisiana Cellular,	LLC
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif			
<039>	Contact Email Address - Email Address of person identif	fied in data line	<pre>cstrausbaugh@cellonenation.ce</pre>	т
<142>	State			
<143>	County			200
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
			ed Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, I each of these boxes to confirm the status described on I PDF, on line 145, demonstrates coordination with the T government pursuant to § 54.1004 includes:	the attached	ble) for	
			Select (Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a foc community anchor institutions;	us on Tribal		
<147>	Feasibility and sustainability planning;			
:148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
:150>	Compliance with Land Use permitting requirements			
:151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			

<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

(090) Projec	Update Information	17 T	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8	
<010>	Study Area Code	278021		
<015>	Study Area Name		nisiana Cellular, LLC	
<020>	Program Year	2018		
<030>	Contact Name - Person USAC should contact regarding this data	Chad Straus	baugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474	ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaug	nh@cellonenation.com	
<200>	Date Authorized to Receive Support	08/08/2	2013	
<201>	Targeted Completion Date	08/09/2	2015	
<202>	Total Mobility Fund Support Awarded	168840.	00	
<203>	Total Mobility Fund Support Disbursed	155771.	.78	
<210>	Actual Completion Date	06/25/	2015	
<211>	Project Status Description (attached)	278021	PSD_LA.pdf	
		{Name	of PDF attached}	
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information			
	shall be submitted as appropriate.			
<212>	Status of Network Deployment - Network Design	1	1	
<213>	Status of Network Deployment - Construction	1	1	
<214>	Status of Network Deployment - Deployment	—	1	
<215>	Status of Network Deployment - Maintenance	1	1	
<216>	Project Budget Status	1		
<217>	Project Plan Status	✓]	
<218>	Network will Support 3G/4G Mobile Service ?) 3G () 4G	

(101) Certification - Reporting Carrier FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
--

<010>	Study Area Code	278021
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Central Louisiana Cellular, LLC

Signature of Authorized Officer: CE

CERTIFIED ONLINE

Date 06/28/2018

Printed name of Authorized Officer:

Chad Strausbaugh

Title or position of Authorized Officer:

Staff Counsel

Telephone number of Authorized Officer:

6105356474 ext.

Study Area Code of Reporting Carrier:

278021

Filing Due Date for this form: 07/02/2

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
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<010>	Study Area Code	278021
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of nessen identified in day to	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for	r Mobility Fund Recipients on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the annual or the state of the same of t
also certify that I am an officer of the reporting carrier; my responsibilities inclu agent; and, to the best of my knowledge, the reports and data provided to the a	is authorized to submit the information reported on behalf of the reporting carrier. I ude ensuring the accuracy of the data reporting requirements provided to the authorized authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	Date.
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: Filir	ing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or fo	orfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

ts on Behalf of Reporting Carrier
recipients on behalf of the reporting carrier; I have provided the data information reported herein is accurate.
Date:
Suite.
orm:

Attachments

												la					

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	278021
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<a>1> <a>2> <a>3> > <a>5 <a>5 <a>5 <a>5 <a>6 <a>5 <a>6 <a>5 <a>6 <a>6</a Certify that **Total Road** Coverage and Resident **Total Resident Road Miles** Miles Performacne Resident Population Population Road Miles per Census covered per data is uploaded Newly Reached by Service Reached by Population per per Census Block Newly Census Block (yes/no) State County Census Block Census Block Service Block Reached Vernon 0000 0 LΑ 0 0.0 0.0 0.0 Yes

> Percentage of Total Population Reached by Service

0		

Percentage of Total Road Miles covered by Service

0			

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 278021

County/State: Vernon, LA

Total Award Amount: \$168,840.00

Project Description

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form
Mobility	Fund			Approved by OMB
Phase 1	- §54.1009 Annual Reporting			OMB 3060-1185
Data Co	llection Form		Avg. Burde	n Estimate per Respondent: 18 Hours
<010>	Study Area Code	278022		
<015>	Study Area Name	Central Louisiana Cellular, LLC		Accepted / Filed
<020>	Program Year	2018		
<030>		Chad Strausbaugh	.	JUN 2 9 2018
<035>	with questions about this data Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Fe	deral Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
13652570355				a da yan da
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	<u>1)</u> <040>	•
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase | Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Cari	ler Contect Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		278022	
<015>	Study Area Name		Central Louisiana Cellular, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding th		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified Contact Email Address - Email Address of person identified		6105356474 ext.	
		ed in data line 10302	cstrausbaugh@cellonenation.com	
Reporting <110>	Carrier / Mobility Fund Phase 1 Winning Bidder FCC Registration Number	20165583		
	_			
<111>		Central Louisiana C	Cellular, LLC	
<112>		Central Louisiana C		
<113>	-	900 West Valley Roa	ad, Suite 600	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellon	nenation.com	
<120> <121> <122> <123> <124> <125> <126> <127> <128>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Fax Number	Chad Strausbaugh Central Louisiana Co 900 West Valley Road Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cellone	d Suite 600	
	d Agent Information if no agent, indicate in this box ✓			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)	- · · · · · · · · · · · · · · · · · · ·		
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
	_			

|--|

Study Area Code	278022
Study Area Name	Central Louisiana Cellular, LLC
Program Year	2018
Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
Coverage and Performance Report Year 08/2017 - 07/2018	
278022 CPRd	IA zip
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Coverage and Performance Report Year 08/2017 - 07/2018

Coverage and Performace attachments

1									
ł	İ								
								Total	
							Road	Road	Certify th
				D-cident	Total Resident	Road	Miles per Census	Miles covered	Coverage
			Resident	Resident Population	Population	per	Block	per	is uploade
	1			Newly Reached	1 -	Census	Newly	Census	(Yes/no)
State	County			by Service	Service	Block	Reached	Block	
<u> </u>	<u> </u>								
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				pee allaci	Eu Works	reet	1		+
	 					 	1		
		1				<u> </u>			
						1			

Percentage of Total
Population Reached by
Service

Percentage of Total
Road Miles covered
by Service

transfer to the second of the	PART STAR
(070) Urban Rate Comparability Certification Compliance	FCC Form 690
(for of or pair nate comparability certification comparate	
	Approved by OMB
	Approved by Othio
	1.1.2
	OMB Control No. 3060-1185
	GMD COMMON (10), 5000 1205
	Page 4 of 8
	FORCT OILD

<010>	Study Area Code	278022
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)							
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formand in any attachments is accurate.							
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LL	с					
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2018				
Printed name of Authorized Officer:	Chad Strausbaugh						
Fitle or position of Authorized Officer:	Staff Counsel						
Telephone number of Authorized Officer:	6105356474 ext.						
Study Area Code of Reporting Carrier:	278022	Filing Due Date for this form: 07/02/2014	8				

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting orting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be pur	Filing Due Date for this form: nished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment der Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorize	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on
data provided by the reporting carrier; and, to the best of m	owledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agen	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	ounished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

0 80) Triba	al Lands Reporting	- 11 - 250		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		278022	
<015>	Study Area Name		Central Louisiana Cellular,	LLC
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding th		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified		-030:	
<039>	Contact Email Address - Email Address of person identifie	o in data line s	cstrausbaugh@cellonenation.c	COM
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached	d Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, N each of these boxes to confirm the status described on th PDF, on line 145, demonstrates coordination with the Tr government pursuant to § 54.1004 includes:	ne attached	ole) for	
<146>	Needs assessment and deployment planning with a focu	is on Tribal	Select (Yes, No, Not Applicable)	
	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
	·			
<153>	Compliance with Cultural Preservation review processes			

<154> Compliance with Tribal Business and Licensing requirements.

(090) Projec	t Update Information	FCC Form 690
		Approved by OMB
	The second of th	OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	278022
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <03	30> 6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <0	30> cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	266248.58
<203>	Total Mobility Fund Support Disbursed	263213.35
<210>	Actual Completion Date	[
\210>	Actual Completion Date	07/02/2015
<211>	Project Status Description (attached)	278022_PSD_LA.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	'
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	<u> </u>
<217>	Project Plan Status	→
		1
<218>	Network will Support 3G/4G Mobile Service ?	() 3G

•

<010>	Study Area Code	278022
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy best of my knowledge, the information reported on this form and in any attachments is accurate.	y of the reporting requirements for Mobility Fund recipients; and, to the
Name of Reporting Carrier: Central Louisiana Cellular, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2018
Printed name of Authorized Officer: Chad Strausbaugh	
Title or position of Authorized Officer: Staff Counsel	
Telephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 278022 Filing Due Date	for this form: 07/02/2018

under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier	FCC Form 690
(102) Certification - Agent / Carrier	recroim ood
	Approved by OMB
4.65	Whitnen of Civio
	OMB Control No. 3060-1185
	ONIO CONTROL NO. DUOU-116D
	Page 8 of 8

<010>	Study Area Code	278022
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cetrauchaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting carrie also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Authorized Agent Firm:			
Signature of Authorized Agent or Employee of Agent:		Date:	
Name of Authorized Agent Employee:		*****	
Title or position of Authorized Agent or Employee of Agent			
Telephone number of Authorized Agent or Employee of Ag	ent:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
	an be punished by fine or forfeiture under the Communications Act of 1 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title	

Attachments

(060) Coverage and Performance Report

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	278022
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

Certify that **Total Road** Coverage and Performacne Road Miles Resident **Total Resident** Miles Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached by Service per Census Population per Reached by **Block Newly** Census Block (yes/no) County Census Block Census Block Service Block Reached State Vernon 0000 0 Yes LA 0 0.0

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Project Status Description

Item: SAC 278022

County/State: Vernon, LA

Total Award Amount: \$266,248.58

Project Description

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

T			FCC Form
Mobility	Fund		Approved by OMB
	- §54.1009 Annual Reporting		OMB 3060-1185
	lection Form		Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	278023	
	Study Area Name	Central Louisiana Cellular, LLC	Accepted / Filed
<020>	Program Year	2018	#IN 2 9 2018
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Federal Communications Commission
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	1 <040> 🔘
	<041> Attach a description of the documents fil	ed with the Form 481 reporting	<041>
	City the Charle Aug Code (CAC) for the Fo	Aven 491 reporting	<042>
	<042> Cite the Study Area Code (SAC) for the Fo	orm 461 reporting	1072
<080>	Tribal Lands Reporting (y/n?) (Does this study area cou	ver tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carı	ler Contact Form			FCC Form 690
				Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		278023	
<015>	Study Area Name		Central Louisiana Cellular, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding the		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identification	ed in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	20165583		
<111>	Filing Carrier Name	Central Louisiana C	ellular, LLC	
<112>	Winning Bidder Carrier Name	Central Louisiana C	ellular. LLC	_
<113>	Street Address (or PO Box)	900 West Valley Roa	·	
<114>	City	Wayne		
<115>	State	PA		_
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.	 	
<118>	Fax Number			
<119>	Email Address	6106885209		
		cstrausbaugh@cellon	enation.com	
	formation if same as above, indicate in this box			
<120>		Chad Strausbaugh		
<121>	•	Central Louisiana Ce	ellular, LLC	
<122>		900 West Valley Road	d Suite 600	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		_
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellone	enation.com	
	-			
Authoriza	d Agent Information			
Authorize	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

(060) Cov	verage and Performance R	port	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	278023	

<010>	Study Area Code	278023
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

Coverage and Performace attachments

<141>	<a1></a1>	<a2></a2>	<a3≻,< th=""><th> 613></th><th><b2></b2></th><th><b3></b3></th><th><c1></c1></th><th><c2></c2></th><th><c3></c3></th><th><d>></d></th></a3≻,<>	 613>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				\$	ee attach	ed worksl	neet			

Percentage of Total
Population Reached by Service

Percentage of Total
Road Miles covered
by Service

Page 4 of 8

<010>	Study Area Code	278023
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

c	Certification of Officer or Emplo	yee as to Compliance with 47	CFR §54.1009(a)(4)			
I certify that I am an officer or employee of form and in any attachments is accurate.	certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this ormand in any attachments is accurate.					
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LLC					
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/28/2018		
Printed name of Authorized Officer:	Chad Strausbaugh					
Title or position of Authorized Officer:	Staff Counsel			A1#//		
Telephone number of Authorized Officer:	6105356474 ext.					
Study Area Code of Reporting Carrier:	278023	Filing Due Date for this form:	07/02/2018			
Persons willfully making false statemen	nts on this form can be punished by fine o under Title 18 of t	or forfeiture under the Communications the United States Code, 18 U.S.C. § 1001		503(b), or fine or imprisonment		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent t	o file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the reporting carrier;	my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports and data prov	vided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier		
I, as agent for the reporting carrier, certify that I am authori data provided by the reporting carrier; and, to the best of m	zed to submit the certification on behalf of the reporting carrier; I y knowledge, the information reported herein is accurate.	have provided the data reported herein based on
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Agen	t:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form can	be punished by fine or forfeiture under the Communications Act of 1934, Title 18 of the United States Code, 18 U.S.C. § 1001.	47 U.S.C. §§ 502, 503(b), or fine or imprisonment under

(080) Triba	il Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		278023	
<015>	Study Area Name		Central Louisiana Cellular, L	LC
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding the		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie			
<039>	Contact Email Address - Email Address of person identifie	ed in data line s	<pre><u3u> cstrausbaugh@cellonenation.co</u3u></pre>	m
<142>	State			
	•			
<143>	County			Water was a street of the same
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
		Name of Attached	d Document (.pdf)	
	Television and the state of the		1.56	
	If your company serves Tribal lands, please select (Yes, N each of these boxes to confirm the status described on the		ole) for	
	PDF, on line 145, demonstrates coordination with the Tr			
	government pursuant to § 54.1004 includes:			
			Select	
21AC+	Manda and a second and a second as a second as	 .	(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a focu	is on Tribal		
.4	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;		 	
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			

<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

(090) Project Update Information		FCC Form 690	
		Approved by OMB	
		OMB Control No. 3060-1185	
		Page 6 of 8	
<010>	Study Area Code	278023	
<015>	Study Area Name	Central Louisiana Cellular, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<200>	Date Authorized to Receive Support	08/08/2013	
<201>	Targeted Completion Date	08/09/2015	
<202>	Total Mobility Fund Support Awarded	10000.88	
<203>	Total Mobility Fund Support Disbursed	8862.78	
<210>	Actual Completion Date	07/08/2015	
		000003 000 13 445	
<211>	Project Status Description (attached)	278023_PSD_LA.pdf	
		{Name of PDF attached}	
	Please check these boxes below to confirm that the attached PDF, on line	<i>(</i>	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	า	
	shall be submitted as appropriate.		
<212>	Status of Network Deployment - Network Design		
<213>	Status of Network Deployment - Construction		
<214>	Status of Network Deployment - Deployment		
<215>	Status of Network Deployment - Maintenance	→	
<216>	Project Budget Status	→	
<217>	Project Plan Status	✓	
7217			
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G	

(101) Certification - Reporting Carrier Approved by OMB OMB Control No. 3060-	1185
Page 7 of 8	

<010>	Study Area Code	278023
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities i lest of my knowledge, the information reported on this form and in any	include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the attachments is accurate.
Name of Reporting Carrier: Central Louisiana Cellular, LLC	
ignature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2018
Printed name of Authorized Officer: Chad Strausbaugh	
Title or position of Authorized Officer: Staff Counsel	
Telephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 278023	Filing Due Date for this form: 07/02/2018

	FCC Form 690
(102) Certification - Agent / Carrier	
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	278023
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier			
I, as agent for the reporting carrier, certify that I am aut reported herein based on data provided by the reportin	horized to submit the reports for Mobility Fund recipients on beha g carrier; and, to the best of my knowledge, the information report	If of the reporting carrier; I have provided the data ted herein is accurate.	
Name of Reporting Carrier:			
Name of Authorized Agent Firm:			
Signature of Authorized Agent or Employee of Agent:		Date:	
Name of Authorized Agent Employee:			
Title or position of Authorized Agent or Employee of Age	ent		
Telephone number of Authorized Agent or Employee of	Agent:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
	m can be punished by fine or forfeiture under the Communications Act of 19 18 of the United States Code, 18 U.S.C. § 1001.	934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title	

Attachments

(060) Coverage and Performance Report

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

Study Area Code	278023
Study Area Name	Central Louisiana Cellular, LLC
Program Year	2018
Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
Coverage and Performance Report Year	08/2017 - 07/2018
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <c4> <c4> <c5</c> Certify that **Total Road** Coverage and **Road Miles** Resident **Total Resident** Miles Performacne per Census **Road Miles** Population Population covered per Resident data is uploaded Newly Reached by Service Block Newly Reached by per Census **Census Block** Population per (yes/no) Block Reached County Census Block Census Block Service State Vernon 0000 Yes 0.0 0 0 0.0 LA 0.0

> Percentage of Total Population Reached by Service

_		_

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Project Status Description

Item: SAC 278023

County/State: Vernon, LA

Total Award Amount: \$10,000.88

Project Description

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.